

Heritage-WTI, Inc.  
Incident Report

2011.1418

To be completed by the employee and supervisor  
before the end of the shift.

**I. Incident Information:****Date:** 5/10/2011**Time:** 23:30**Type:** Fire/Explosion**Location:** \_\_\_\_\_**Investigator(s):**Jim Brinker  
Chris Shultz  
Jason Congrove**Investigators - Manager:**

Jim Brinker

**Investigators - Safety Technician:**

Matt Greaves

**Investigators - Employee:**

Jason Congrove

**Investigators - Others:****Attachments:****II. Employee Information:****Name:** \_\_\_\_\_**Department:** \_\_\_\_\_ **Job Title:** Operations Group Manager**Supervisor**  
**(GM) on Duty:** \_\_\_\_\_ **Overtime:** 0**If other than Heritage-WTI****Company Name:** \_\_\_\_\_**Company**  
**Address:** \_\_\_\_\_**Company Phone:** \_\_\_\_\_ **Was Company**  
**Notified?:** 0**III. Incident Scene Information:****Specific Location:** \_\_\_\_\_**PSM Location:** 0**Describe How the Incident Occured:**

Lost the unit due to Steam Expansion in the slag quench tank. Ash from the top of the SCC fell into the slag quench tank causing the problem.

**Type of Machinery/Equipment/Materials/Waste Involved:**  
\_\_\_\_\_**Waste Stream Profile:** \_\_\_\_\_**Container Number:** \_\_\_\_\_**Machinery / Equipment Placed:**  
\_\_\_\_\_

## Repairs Required

## Out of Service

**JAMS Work Order Number(s):**

replaced transformer that fed MCC6 and lighting panel 06A

**IV. Events Causing the Incident:**

Describe the events and conditions that contributed to the incident. Include information on the worker, machinery and equipment, environment and management.

Ash from the SCC

**V. Corrective Actions:**

Identify the factors listed above that can be corrected to prevent a reoccurrence of this type of accident. Indicate the person responsible for making the change and project a target date for completion of the task.

**\*\* Initial - Corrective Actions:****\*\* Long Term - Corrective Actions:**

CPAR Generated: 0

Responsible Person: \_\_\_\_\_

Target Completion Date: 12:00:00 AM

Method of verification of Corrective Action.

Verification Date: 12:00:00 AM

**V. Incident Report Prepared by:**

Name: Jim Brinker Title: \_\_\_\_\_

Signature: Jim Brinker Date: 5/11/2011 2:50:29 AM

**VI. Summary:**

Include comments that would promote a safe workplace environment and reduce an accidents potential in the future based on review of the events causing the Incident and implementation of Corrective Actions.

Back on Waste at 02:15 05/11/11

Risk Rating: High

Category: \_\_\_\_\_

**VII. Injury Information:**

Name of Injured person: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Body Part: \_\_\_\_\_

Work Start Time: 12:00:00 AM

Employee's Specific Task and Activity at Time of Injury:

**Injury Treatment (Click all that are applicable):**

Fatality      Onsite First Aid      Offsite Treatment      \_\_\_\_\_

Other, Specify: \_\_\_\_\_

Drug and Alcohol Testing Done: 0

Date and Time: 12:00:00 AM

**For Safety Manager:**

First Aid      Recordable      Restricted Duty      Loss Work Days

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